HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle)	STATE POSITION HELD: (Dept/Div or Board/Commission)
Nicking to Oct 11 X	Hawaii State Legislature
Nishimoto, Scott, Yoshimi	TERM OF OFFICE (Begin/End):
	11/06/02 / 11/02/04

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	Hawaii State House of Representatives 415 S. Beretania St. Honolulu, HI 96813	\$32,000	State Representative

[]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated, regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
				:
				,
5.4Cho	ck here if entry is None	· r]Check here if additional sh	eets are attached

Check here if entry is None

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

SP, C,JT	OWNERSHIP OR BENEFICIAL INTEREST TRA	DATE OF TRANSFER		
1Chas	k here if entry is None]Check here if addition	al shoots are attach
	ITE	M 4: CREDITORS	A AMERICAN AND AND AND AND AND AND AND AND AND A	
the na	ame and address of each creditor to whom the va	lue of \$3,000 or more was	s owed during the disclosu ctions or the purchase of c	ure period and the consumer goods).
SP, C,JT	NAME OF CREDITOR AND ADDRESS		ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
				-
/]Che	ck here if entry is None	[]Check here if addition	al sheets are attac
	ITEM 5: OFFICERSHII y officership, directorship, trusteeship, or other fice	PS, DIRECTORSHIPS,	TRUSTEESHIPS	I in any business or
ganizat	tion, the term of office, and the annual compensa	ition.		ANNUAL
,SP, C,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	COMPENSATION
		i		
			1	

ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER	VALUE
i			
1			
Ì			
	k here if entry is None	[]Check here if a	dditional sheets are attach
	ITEM 7: INTERESTS IN RE	AL PROPERTY ACQUIRED	
st intere	sts in real property in the State, acquired during the disclo	AMOUNT & NATURE OF	NAME OF PERSON
DC,JT	TAX MAP RET NUMBER & STREET ADDRESS	CONSIDERATION PAID	RECEIVING THE CONSIDERATION
			•
		·	
[Che	ck here if entry is None	[]Check here if a	dditional sheets are attach
ist intere	ITEM 8: INTERESTS IN REAL ests in real property in the State, transferred during the dis	L PROPERTY TRANSFERRED closure period, if the interest has a	value of \$10,000 or more.
	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF	NAME OF PERSON
F,SP,			
F,SP, DC,JT		CONSIDERATION RECEIVED	FURNISHING THE CONSIDERATION
		CONSIDERATION RECEIVED	

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

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		TATE ETHICS COM

Check here if entry is None

[]Check here if additional sheets are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.